

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

IC- 1985487

SL- 1209

FILED JUL 11 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

318

1003

57 0 2 2 6 4 7

STATE FILE NUMBER

6082

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN 915 N GRAND ST LOUIS MO Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb 35 HOSPITAL OR INSTITUTION VET ADM HOSPITAL 8 DAYS				STREET ADDRESS 2312 SULPHUR (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First WILLIAM KOBELT Middle Last				4. DATE OF DEATH Month 6 Day 29 Year 57			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-3-91	9. AGE (In years last birthday) 65	10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOTTLER		10b. KIND OF BUSINESS OR INDUSTRY BREWERY		11. BIRTHPLACE (City and state or country) WARRENSBURG, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JOHN KOBELT				14. MOTHER'S MAIDEN NAME FRANCIS WARRNER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW 1		16. SOCIAL SECURITY NO. 494-05-3751		17. INFORMANT Address MISSOURI. VA HOSP. RECORDS. 915 N GRAND ST LOUIS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF HYPOPHARYNX, RECURRENT, WITH GENERALIZED METASTASES. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 147x						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) VA		20f. CITY, TOWN, OR LOCATION VA		COUNTY STATE	
21. I attended the deceased from 6-21-57 to 6-29-57 and last saw XXXX live on 6-29-57 Death occurred at 5:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robert J. Kistner (Type or print) M. D.				22b. ADDRESS VA. HOSP. 915 NL GRAND.		22c. DATE SIGNED 6-29-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 3, 1957		23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
24. FUNERAL DIRECTOR Hofmeister Colonial Mortuary 664 Chippewa St., St. Louis, Mo.				25. DATE RECD. BY LOCAL REG. JUL 1 - 57		26. REGISTRAR'S SIGNATURE Carl Smith MD	

(Licensed Embalmer's Statement on Reverse Side)

STATE OF IOWA
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR

TIME OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF DEATH

DATE OF DEATH

DATE OF DEATH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Lincoln E. Hoff*
Licensed Embalmer No. 38

P. O. Address 7814 S. ...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.